

SERFF Tracking Number:	SHNF-125648009	State:	Arkansas
First Filing Company:	Technology Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	ARTW04		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation		
Project Name/Number:	/		

## Filing at a Glance

Companies: Technology Insurance Company, Wesco Insurance Company

Product Name: Workers' Compensation	SERFF Tr Num: SHNF-125648009	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 16.0004 Standard WC	Co Tr Num: ARTW04	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Authors: James Shoenfelt, Kyle Babirad, Matt Fuller	Disposition Date: 05/15/2008
	Date Submitted: 05/15/2008	Disposition Status: Approved
Effective Date Requested (New): 08/01/2008		Effective Date (New): 08/01/2008
Effective Date Requested (Renewal): 08/01/2008		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 05/15/2008	
State Status Changed: 05/15/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

I am pleased to present for your review Technology Insurance Company and Wesco Insurance Company's filings for a waiver of the \$10 installment fee in the case where an insured elects to have payments made via Electronic Funds Transfer. The companies wish to waive the fees in this case as the processing costs are nominal. The companies also wishes to file a \$25 Non-sufficient funds fee. This fee is intended to account for the fee charged by the bank in the case where an insured's check is returned for non-sufficient funds. Both of these fees are reflected on the companies' miscellaneous values pages attached to the Rate/Rule schedule of this filing.

SERFF Tracking Number:	SHNF-125648009	State:	Arkansas
First Filing Company:	Technology Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	ARTW04		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation		
Project Name/Number:	/		

Both companies request an effective date of 8/1/2008 for new and renewal policies.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - shoenfeltconsultinginc)

Jim Shoenfelt, Actuarial Consultant	jim@shoenfeltconsulting.com
3717 Latimore Road	(216) 561-6267 [Phone]
Shaker Heights, OH 44122	

### Filing Company Information

Technology Insurance Company	CoCode: 42376	State of Domicile: New Hampshire
20 Trafalgar Square	Group Code: 2538	Company Type:
Nashua, NH 03063	Group Name: Amtrust	State ID Number:
(212) 220-7120 ext. [Phone]	FEIN Number: 02-0449082	
	-----	
Wesco Insurance Company	CoCode: 25011	State of Domicile: Delaware
874 Walker Road, Suite C	Group Code: 2538	Company Type:
Dover, DE 19904	Group Name: Amtrust	State ID Number:
(212) 220-7120 ext. 7013[Phone]	FEIN Number: 85-0165753	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$25 for an independent rule filing. Two companies filing = \$50 total.

NOTE: A filing fee of \$50 is given for Technology Insurance Company under the EFT payments. Since only one company can be on the EFT schedule, the total \$50 for both companies is given under Technology.

Per Company:	No
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<i>Company Tracking Number:</i>	<i>ARTW04</i>		
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<i>Product Name:</i>	<i>Workers' Compensation</i>		
<i>Project Name/Number:</i>	<i>/</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Technology Insurance Company	\$50.00	05/15/2008	20340122
Wesco Insurance Company	\$0.00	05/15/2008	

<i>SERFF Tracking Number:</i>	<i>SHNF-125648009</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>/</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Carol Stiffler	05/15/2008	05/15/2008

SERFF Tracking Number:	SHNF-125648009	State:	Arkansas
First Filing Company:	Technology Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	ARTW04		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation		
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## Disposition

Disposition Date: 05/15/2008

Effective Date (New): 08/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Technology Insurance Company	-0.229%	\$-2,508	157	\$1,095,367	%	%	-0.229%
Wesco Insurance Company	0.000%	\$0	0	\$0	%	%	0.000%

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	-0.229%
Overall Percentage Rate Impact For This Filing	-0.229%
Effect of Rate Filing-Written Premium Change For This Program	\$-2,508
Effect of Rate Filing - Number of Policyholders Affected	157

SERFF Tracking Number: SHNF-125648009 State: Arkansas

First Filing Company: Technology Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: ARTW04

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers' Compensation

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Rate Impact Memorandum	Approved	Yes
Supporting Document	Third Party Authorization	Approved	Yes
Rate	Technology Miscellaneous Values Page	Approved	Yes
Rate	Wesco Miscellaneous Values Page	Approved	Yes

SERFF Tracking Number:	SHNF-125648009	State:	Arkansas
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation		
Project Name/Number:	/		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	Prior Approval
<b>Rate Change Type:</b>	Decrease
<b>Overall Percentage of Last Rate Revision:</b>	0.000%
<b>Effective Date of Last Rate Revision:</b>	01/01/2008
<b>Filing Method of Last Filing:</b>	Prior Approval

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Technology Insurance Company	-0.229%	-0.229%	\$-2,508	157	\$1,095,367	%	%
Wesco Insurance Company	0.000%	0.000%	\$0	0	\$0	%	%

## Overall Rate Information for Multiple Company Filings

<b>Overall % Rate Indicated:</b>	-0.229%
<b>Overall Percentage Rate Impact For This Filing:</b>	-0.229%
<b>Effect of Rate Filing - Written Premium Change For This Program:</b>	\$-2,508

<i>SERFF Tracking Number:</i>	<i>SHNF-125648009</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Technology Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ARTW04</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers' Compensation</i>		
<i>Project Name/Number:</i>	<i>/</i>		

<b>Effect of Rate Filing - Number of Policyholders Affected:</b>	<b>157</b>
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SERFF Tracking Number:	SHNF-125648009	State:	Arkansas
First Filing Company:	Technology Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	ARTW04		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers' Compensation		
Project Name/Number:	/		

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Technology Miscellaneous Values Page		Replacement	824AR  Technology Miscellaneous Values Page.pdf
Approved	Wesco Miscellaneous Values Page		Replacement	598-AR-R  Wesco Miscellaneous Values Page.pdf

## Additional Miscellaneous Values

The following miscellaneous values supplement the NCCI Advisory Miscellaneous Values for Arkansas.

- Expense constant: \$200
- Minimum premium: \$500
- Premium Discount Table

Beginning Premium (\$)	Ending Premium (\$)	Premium Discount (%)
0	5,000	0.0
5,001	100,000	10.9
100,001	500,000	12.6
500,001	>500,001	14.4

- Schedule Rating: +/- 25%
- Installment Fee: \$10 charge per installment to directly billed insureds. Fee is waived when payment is made by Electronic Funds Transfer (EFT) from the insured's banking account.
- Charge for policy reinstatement: \$25 to directly billed policyholders.
- Non-sufficient funds fee: \$25 to directly billed policyholders.
- Loss Cost Multiplier: 1.33

**WORKERS' COMPENSATION  
COMPANY EXCEPTION PAGE**

Rule 3-A-11      EXPENSE CONSTANT                      \$200

Rule 3-A-16-a      POLICY WRITING MINIMUM PREMIUM

Minimum Premiums applicable to any policy shall be \$500.

Rule 3-A-19      PREMIUM DISCOUNT

First \$5,000	0.0%
Next \$95,000	9.5
Next \$400,000	11.9
Over \$500,000	12.4

Policy Reinstatement Fee: \$25 per policy reinstatement to directly billed policyholders.

Installment Fee: \$10 per premium installment to directly billed policyholders. Fee is waived when payment is made by Electronic Funds Transfer (EFT) from the insured's banking account.

Non-Sufficient Funds Fee: \$25 to directly billed policyholders.

**LOSS COST MULTIPLIER equals 1.55**

# **WORKERS' COMPENSATION COMPANY EXCEPTION PAGE**

## EXPERIENCE RATING PLAN MANUAL APPENDIX

The NCCI Schedule Rating Table is replaced by the following table:

### SCHEDULE RATING TABLE RANGE MODIFICATION (Credit to Debit)

Risk Characteristic	Range of Modifications Credit      Debit
Premises	-10% to +10%
Classification Peculiarities	-10% to +10%
Medical Facilities	-10% to +10%
Safety Devices	-10% to +10%
Employees Selection, Training, Supervision	-10% to +10%
Management-Cooperation With Insurance Carrier	-10% to +10%
Management Safety Organization	-10% to +10%

Maximum schedule rating debit and credit shall not exceed 25%/-25%.

The Drug-Free Workplace Credit Program remains in place and is unaffected by the schedule rating plan above.

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	05/15/2008
<b>Comments:</b>				
<b>Attachment:</b>	PC Transmittal Signed.pdf			
<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b>	Approved	05/15/2008
<b>Bypass Reason:</b>	N/A. This is not a loss cost filing.			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Approved	05/15/2008
<b>Bypass Reason:</b>	N/A. This is not a loss cost filing.			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Rate Impact Memorandum	<b>Review Status:</b>	Approved	05/15/2008
<b>Comments:</b>				
<b>Attachment:</b>	Rate Impact Memorandum.pdf			
<b>Satisfied -Name:</b>	Third Party Authorization	<b>Review Status:</b>	Approved	05/15/2008
<b>Comments:</b>				
<b>Attachments:</b>	Technology Authorization Letter.pdf Wesco Authorization Letter.pdf			

## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	

<b>5. Company Tracking Number</b>	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>				

Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>				
<b>10. Sub-Type of Insurance (Sub-TOI)</b>				
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing title)</b>				
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:		Renewal:	
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>				
<b>17. Reference Organization # &amp; Title</b>				
<b>18. Company's Date of Filing</b>				
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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☐ Rate Increase      ☐ Rate Decrease      ☐ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5.</b>	<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01		[ ] New [ ] Replacement [ ] Withdrawn	
02		[ ] New [ ] Replacement [ ] Withdrawn	
03		[ ] New [ ] Replacement [ ] Withdrawn	



## **Filing ARTW03 – Rate Impact Memorandum (Miscellaneous Fees)**

Technology Insurance Company and Wesco Insurance Company wish to file a waiver of the \$10 installment fee in the case where an insured elects to have payments made via Electronic Funds Transfer. The companies wish to waive the fees in this case as the processing costs are nominal. Both companies also wish to file a \$25 Non-sufficient funds fee. This fee is intended to cover the fee charged by the bank to the company in the case where an insured's check is returned for non-sufficient funds. Both of these fees are reflected on the companies' miscellaneous values pages attached to the Rate/Rule schedule of this filing.

### **Installment Fee Impact:**

The rate impact of this filing would be calculated based on how many insureds are currently making premium installment payments via EFT, but we currently do not know the exact number of insureds who are actually paying in this manner. However, in 2007, 157 policies written in Arkansas under Technology Insurance Company had premiums paid with installment fees. The maximum amount of installments that can be made under the available installment plans is 8 payments, so if we assume every policyholder paid 8 payments via EFT in 2007, the premium level would decrease by  $\$10 \times 8 \times 157 = \$12,560$  if they were not charged for these payments. North Carolina written premium in 2007 for Technology was \$1,095,367, so the largest possible rate decrease of this filing would be -1.147%. Of course, if none of the payments were made via EFT the rate impact would be 0%. We will assume 20% of the payments were made via EFT for a selected rate impact of -0.229% for Technology Insurance Company.

In 2007, 0 policies written in Arkansas under Wesco Insurance Company had premiums paid with installment fees.

### **NSF Fee Impact:**

In 2007, Technology had 0 instances of non-sufficient funds so the NSF fee adoption leads to an estimated 0.000% increase. Wesco had no instances of non-sufficient funds in 2007 so the estimated rate impact is 0.000%.



## Technology Insurance Company

An AmTrust Financial Company

January 15, 2008

To Whom It May Concern:

Subject: **Shoenfelt Consulting, Inc.**

Please allow this letter to serve as authorization for Shoenfelt Consulting Inc. and James Shoenfelt to make rate, rule, and form filings on behalf of Technology Insurance Company. Jim serves as a consulting actuary and has permission not only to make rate, rule, and form filings, but also inquiries on behalf of Technology Insurance Company.

If you have any questions, please feel free to call me at 212-220-7120 x7013

Sincerely,

Stephen Ungar, Secretary



Wesco Insurance Company  
An AmTrust Financial Company

January 15, 2008

To Whom It May Concern:

Subject: **Shoenfelt Consulting, Inc.**

Please allow this letter to serve as authorization for Shoenfelt Consulting Inc. and James Shoenfelt to make rate, rule, and form filings on behalf of Wesco Insurance Company. Jim serves as a consulting actuary and has permission not only to make rate, rule, and form filings, but also inquiries on behalf of Wesco Insurance Company.

If you have any questions, please feel free to call me at 212-220-7120 x7013

Sincerely,

Stephen Ungar, Secretary